



Date _____

Direct Deposit Authorization

Member _____ Member # _____

Employer _____ SSN # _____

Phone – Hm _____ Wk _____ Payroll # _____

• Initial Authorization Change in Authorization

I hereby authorize my Employer to deduct from my salary the amounts set forth below and to deposit these funds at the Credit Union for each payroll period following receipt of the Authorization until further notice from me. If this is a change in a previous Authorization, I instruct my Employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, my Employer and the Credit Union are directed to make and apply deductions in accordance with this Authorization.

Deposit Amount: Net Check or \$ _____

Payroll Period: Weekly Biweekly Monthly Semi-Monthly

Member Signature _____ **Routing # 307076342**

By signing above, I authorize the above named company to direct my payroll, in full or in part, to Arapahoe Credit Union using the account listed below (select only one):

Checking Account# (SDC) _____ or Savings # _____